

<i>SERFF Tracking Number:</i>	<i>WESA-125684983</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#29479 \$50</i>
<i>Company Tracking Number:</i>	<i>NP-SSO-08-09</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Non-Profit Social Service Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Application Form/NP-SSO-08-09</i>		

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Social Service      SERFF Tr Num: WESA-125684983 State: Arkansas

Product

TOI: 17.0 Other Liability - Claims      SERFF Status: Closed      State Tr Num: #29479 \$50

Made/Occurrence

Sub-TOI: 17.0019 Professional Errors & Omissions Liability      Co Tr Num: NP-SSO-08-09      State Status: Fees verified and received

Filing Type: Form      Co Status:      Reviewer(s): Betty Montesi, Edith Roberts

Authors: Westmont Associates,      Disposition Date: 06/12/2008

Wesley Pohler

Date Submitted: 06/09/2008      Disposition Status: Approved

Effective Date Requested (New): On Approval      Effective Date (New):

Effective Date Requested (Renewal): On Approval      Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Submission of New Application Form

Project Number: NP-SSO-08-09

Reference Organization: None

Reference Title: None

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Submission of new application form SNPP 02/06 to be used with the Company's Non-Profit Social Service Product.

This is a new application form and does not replace any currently filed application.

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending in PA

Reference Number: None

Advisory Org. Circular: None

Deemer Date:

SERFF Tracking Number: WESA-125684983 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #29479 \$50

Company Tracking Number: NP-SSO-08-09

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Product

Project Name/Number: Submission of New Application Form/NP-SSO-08-09

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Jennifer Waldron, jenb@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania  
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105  
 Haddonfield, NJ 08033 Group Name: State ID Number:  
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Standard Form Filing Fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	06/09/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
29479	\$50.00	06/06/2008

*SERFF Tracking Number:*      *WESA-125684983*      *State:*      *Arkansas*  
*Filing Company:*      *United States Liability Insurance Company*      *State Tracking Number:*      *#29479 \$50*  
*Company Tracking Number:*      *NP-SSO-08-09*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Non-Profit Social Service Product*  
*Project Name/Number:*      *Submission of New Application Form/NP-SSO-08-09*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	06/12/2008	06/12/2008

*SERFF Tracking Number:*      *WESA-125684983*      *State:*      *Arkansas*  
*Filing Company:*      *United States Liability Insurance Company*      *State Tracking Number:*      *#29479 \$50*  
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*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Non-Profit Social Service Product*  
*Project Name/Number:*      *Submission of New Application Form/NP-SSO-08-09*

## **Disposition**

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *WESA-125684983*      *State:*      *Arkansas*  
*Filing Company:*      *United States Liability Insurance Company*      *State Tracking Number:*      *#29479 \$50*  
*Company Tracking Number:*      *NP-SSO-08-09*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
*Product Name:*      *Non-Profit Social Service Product*  
*Project Name/Number:*      *Submission of New Application Form/NP-SSO-08-09*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Form</b>	SPECIALTY NON PROFIT PACKAGE APPLICATION	Approved	Yes

SERFF Tracking Number: WESA-125684983 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #29479 \$50

Company Tracking Number: NP-SSO-08-09

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Product

Project Name/Number: Submission of New Application Form/NP-SSO-08-09

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	SPECIALTY NON PROFIT PACKAGE APPLICATION	SNPP	2-06	Application/ New Binder/Enro llment		0.00	snp- app_(02- 06).pdf



# Specialty Non Profit Package

## SPECIALTY NON PROFIT PACKAGE APPLICATION

All questions must be answered and application must be signed by applicant.

### SECTION I. Background Information:

1. Name of Organization: \_\_\_\_\_
2. Primary Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Description of Operation: \_\_\_\_\_
4. Number of Years in Operation: \_\_\_\_\_
5. Does the organization have tax exempt status as defined by the I.R.S.? ☐ Yes ☐ No
6. Website Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### SECTION II. Property (Complete this section for each location to be insured):

7. Building Address (if different from above): \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Mortgagee Clause (if applicable): \_\_\_\_\_
9. Building Value (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_
10. Personal Property Limit (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_
11. Square Footage: \_\_\_\_\_
12. Building Age: \_\_\_\_\_ Age of the Roof: \_\_\_\_\_
13. If the roof is flat, has it been re-coated in the past 10 years? ☐ Yes ☐ No
14. Building Construction (please check one):  
☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible ☐ Fire Resistive
15. Is all electrical wiring on functional and operational circuit breakers: ☐ Yes ☐ No
16. Aluminum Wiring: ☐ Yes ☐ No Burglar Alarms: ☐ Yes ☐ No  
Functioning Smoke Detectors: ☐ Yes ☐ No Protection Class (1-10): \_\_\_\_\_
17. Property claims Paid, Reserved or Pending during the last 5 years: \_\_\_\_\_

\* Note: For any additional coverages other than those listed above you will need to attach the appropriate ACORD application page.

### SECTION III. General Liability:

- Limit of Coverage Selected: ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000
18. General Liability claims Paid, Reserved or Pending during the last 5 years: \_\_\_\_\_
  19. Additional Insureds to be included (List name, address and relationship to the applicant): \_\_\_\_\_
  20. HIRED AND NONOWNED AUTO: ☐ Check if coverage is desired
    - a. Does organization have an automobile policy in place? ☐ Yes ☐ No
    - b. Does organization own any autos or lease any autos on a long term basis? ☐ Yes ☐ No
    - c. Does organization require its employees or volunteers to use their personal automobile to conduct the applicant's business on a regular basis? ☐ Yes ☐ No
    - d. Does organization require its employees or volunteers to transport clients? ☐ Yes ☐ No
    - e. Does organization regularly deliver goods or products? ☐ Yes ☐ No

**SECTION IV. Non Profit Directors & Officers and Employment Practices Liability:**

21. Is the Organization involved in product research, development, testing and/or certification? ☐ Yes ☐ No
22. Does the Organization engage in any disciplinary actions as a result of peer review activities? ☐ Yes ☐ No
23. Does the Organization administer or sponsor any insurance programs? ☐ Yes ☐ No
24. Is the Organization involved in any accreditation or standard setting activities? ☐ Yes ☐ No
25. Is the Organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No
26. Total number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
27. Number of members: \_\_\_\_\_ Number of chapters: \_\_\_\_\_  
If there are chapters, is coverage requested for them under this Policy? ☐ Yes ☐ No
28. Does the Applicant have any Subsidiaries requiring coverage? ☐ Yes ☐ No  
If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
29. Name and title of individual designated to receive all notices on behalf of the Insured: \_\_\_\_\_  
Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

30. Does the organization currently carry General Liability Insurance? ☐ Yes ☐ No
31. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\* Fund balance = Total Assets - Total Liabilities

32. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? ☐ Yes ☐ No  
(If yes, please forward a completed USLI supplemental claims application.)
33. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? ☐ Yes ☐ No  
(If yes, please forward a completed USLI supplemental claims application.)

**SECTION V. Fiduciary Liability (Available for 100 employees or less)**

34. Does each Pension Plan use an outside Investment Manager? ☐ Yes ☐ No  
(If No, Fiduciary will not be offered.)
35. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? ☐ Yes ☐ No  
If no, please attach details.
36. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? ☐ Yes ☐ No  
If yes, please attach details.
37. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan? ☐ Yes ☐ No  
If yes, please attach details.
38. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? ☐ Yes ☐ No  
If yes, please attach details.

**SPECIAL EVENTS/LIQUOR LIABILITY**

- Do you host any Special Events located off premises involving those other than your employees? ☐ Yes ☐ No
- If YES, please complete our Non Profit Package Special Events/Liquor Liability Addendum for each event (NPP ADD SPE 10/04).



**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Virginia Notice:** You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(President, Chairperson or Executive Director)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>WESA-125684983</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>NP-SSO-08-09</i>		
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<i>Product Name:</i>	<i>Non-Profit Social Service Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Application Form/NP-SSO-08-09</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125684983 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #29479 \$50  
Company Tracking Number: NP-SSO-08-09  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Non-Profit Social Service Product  
Project Name/Number: Submission of New Application Form/NP-SSO-08-09

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 06/12/2008  
**Comments:**  
**Attachment:**  
AR NAIC.pdf

**Satisfied -Name:** Letter of Authorization  
**Review Status:** Approved 06/12/2008  
**Comments:**  
Attached is the Letter of Authorization  
**Attachment:**  
Westmont Authorization Letter.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 06/12/2008  
**Comments:**  
Attached is the cover letter for this submission.  
**Attachment:**  
Draft Cover Letter - USLI.pdf

**1. Reserved for Insurance Dept. Use Only**

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#### h. Subject Codes

Q2006 National Association of Insurance Commissioners

## Property & Casualty Transmittal Document ---

20.	<b>This filing transmittal is part of Company Tracking #</b>	NP-SSO-08-09
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of new endorsement for Company's Non-Profit Social Service Package Product

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]				
<table><tr><td><b>Check #:</b></td><td>29479</td></tr><tr><td><b>Amount:</b></td><td>\$50.00</td></tr></table>		<b>Check #:</b>	29479	<b>Amount:</b>	\$50.00
<b>Check #:</b>	29479				
<b>Amount:</b>	\$50.00				
<div></div>					
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.					
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)					

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	NP-SSO-08-09			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a			

  

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Specialty Non-Profit Package Application	SNPP-2-06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



# UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391  
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313  
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334  
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller  
State Filings Manager  
United States Liability Insurance Group  
190 South Warner Road  
Wayne, PA 19087-2191

1.888.523.5545 X586  
Fax: 610.688.4391  
mmiller@usli.com



**WESTMONT  
ASSOCIATES, INC.**

June 6, 2008

Commissioner of Insurance  
Department of Insurance  
Property and Casualty Division  
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895**  
**Non-Profit Social Service Package Filing**  
**Form Addendum Submission**  
**Company Filing Number: NP-SSO-08-09**  
**Effective Date: Upon earliest possible approval**

To Whom It May Concern:

Enclosed you will find the Company's Non-Profit Social Service Package forms addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Attached please find application form SNPP-2-06 for your review and approval. This is a new application that will be used with the Company's Non-Profit Social Service Package product. Please note that this application is not replacing the previously filed and approved application for this product.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date.

Respectfully Submitted,  
**Jennifer Waldron**  
Jennifer Waldron  
Supervisor  
[jenb@westmontlaw.com](mailto:jenb@westmontlaw.com)

Enclosures

Cc: M. Miller - USLI